



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

FUNERAL ESTABLISHMENT PERMIT CHANGE REQUEST

INSTRUCTIONS

Use this form to report the following events. No fee is required.

- The funeral establishment's name, *not its ownership*, changes.
- The managing Funeral Director of the funeral establishment changes.

If the following events occur, file a new [Application for Funeral Establishment Permit](#). Do not use this form.

- Ownership of previously licensed funeral establishment changes (even if name remains the same).
- Funeral establishment that was previously licensed moves to a new location.

TYPE OF REPORT

1. Check the event(s) you are reporting: ☐ Name Change (no ownership change) ☐ Manager Change
2. Funeral Establishment Permit Number where change occurring: **K3**-_____

NAME CHANGE – Complete this section if you checked Name Change in Question 1.

3. Establishment's New Name: _____
4. Establishment's Former Name: _____
5. Address of **Physical** Location _____

City State Zip
6. Phone: _____ Email: _____ ☐ None

MANAGER CHANGE – Complete this section if you checked Manager Change in Question 1.

7. Provide the following information about the new manager:
- Name _____ Delaware Funeral Director License # : **K1**-_____
- Is the manager's license displayed in any other Delaware Funeral Establishment? Yes ☐ No ☐
- Primary Residence: _____

City State Zip
8. Phone: _____ Email: _____ ☐ None

I certify that the information above is true and correct.

Signature : _____ **Date:** _____

Your Name: _____ **Position:** _____